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APPLICANTS

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** CONTINUING DATA ***** MF
none

** FOREIGN APPLICATIONS ***** MF
none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/31/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>MF</i>	STATE OR COUNTRY TN	SHEETS DRAWING 4	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
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TITLE
 BOTTOM LIFTING SEE-THROUGH BASELOID HANDLING PACKAGE FOR APPLIANCES

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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